

Image# 12954270224

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FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**(a) Name **United Against Illegal Guns Support Fund**(b) Address (number and street) ☐ check if different than previously reported
909 Third Avenue(c) City, State and ZIP Code
New York NY 10022

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30002034**3. Is This Statement**☒ **New**

or

☐ **Amended****4. Covering Period**MM / DD / YYYY
09 / 25 / 2012

through

MM / DD / YYYY
10 / 01 / 2012**5. (a) Date of Public Distribution(s)**MM / DD / YYYY
10 / 01 / 2012(b) Communication Title 48,000**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Kathleen McInerney

(b) Address (number and street)
909 Third Avenue

(c) City, State and ZIP Code

New York

NY 10022

(d) Name of Employer or Principal Place of Business

Geller & Co.

(e) Occupation

Financial Advisor

9. Total Donations This Statement

, , .00

10. Total Disbursements/Obligations This Statement

, , 178660.73

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

John Feinblatt

SIGNATURE John Feinblatt

[Electronically Filed]

DATE

10/02/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.